

Montana WIC Program
Farm Direct
Annual Training Documentation 2015

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|---|---|---|
| Farmer Name (First & Last) – please print | Farm Direct Number | Telephone Number: |
| | | Fax Number: |
| Mailing Address: | | County: |
| City: | | Zip Code: |
| Farm/Corporation Name: | | |
| E-mail: | | |
| Training is required before you can accept WIC benefits for the upcoming season. List the date & location of your 2015 training session. | | |
| Please list all markets & locations, days and months you plan to sell your produce. | | |
| Check the days of the week that you normally sell. | | |
| <div style="border-bottom: 1px solid black; width: 100%;"></div> Name & Location | <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sat | <div style="display: flex; justify-content: space-between;"> <div> <u> </u>/<u> </u> Month Day </div> <div> <u> </u>/<u> </u> Month Day </div> </div> |
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Training Topics Covered

- | | |
|--|---|
| <ul style="list-style-type: none"> Farm Direct Program Overview Ongoing selection criteria Post WIC Sign Eligible produce & approved food list Non Discrimination | <ul style="list-style-type: none"> Transaction & Redemption Policies Depositing & Safe Storage of WIC benefits Violation & Sanctions Fair Hearing Rights Contact Information |
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I understand that I am responsible for the above-listed information. I understand that I must ensure other people who work in my booth/stall/table are educated in these matters. I understand that failure to follow WIC Farm Direct policies and procedures may result in my disqualification from participating in the WIC Farm Direct Program in Montana.

Signature of Farmer

Date

Signature of Trainer & Name of Local WIC Agency

Date